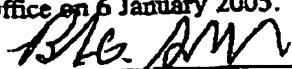


**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on 6 January 2005.



Brad Sherbuck - Assistant to Gavin N. Manning

File No.: K201 0010  
GNM/TAR/bds

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s): KOESSLER, Juergen

Title: VENT APPARATUS WITH REPLACEABLE VENT COVER

Serial No.: 10/612,270

Filed: 3 July 2003

Examiner: BOLES, Derek

Art Unit: 3749

Date: 6 January 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Dear Sir:

Transmitted herewith is an Amendment for this application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	42	47	0	\$50.00	\$ 0.00
Indep. Claims	10	5	5	\$200.00	\$1,000.00
Multiple Dep. Claims	0	0	0	\$360.00	\$ 0.00
TOTAL FEES					\$ 0.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27)					\$ 500.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 300.00

- ☒ Please charge any fees in connection with this communication, including any filing fees under 37 CFR 1.16 for the presentation of extra claims and any patent application processing fees under 37 CFR 1.17, or credit any overpayment, to Deposit Account No. 02-1037.
- ☒ Please charge any deficiency in fees or credit any overpayment to Deposit Account No. 02-1037.

01/12/2005 TTUTT2 00000001 021037 10612270

01 FC:2201 500.00 DA

Respectfully submitted,  
OYEN WIGGS GREEN & MUTALA

By:

Gavin N. Manning  
Registration No. 36,412  
Tel. No.: (604) 669-3432  
Fax No.: (604) 681-4081

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10612270

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	47	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	47 minus 20 = *	27
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

**SMALL ENTITY**  
TYPE ☐

**OTHER THAN SMALL ENTITY**

RATE	FEE
BASIC FEE	375.00
X\$ 9=	243
X42=	84
+140=	
TOTAL	702

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 42 Minus ** 47	=
	Independent	* 10 Minus *** 5	= 5
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	500
+140=	
TOTAL ADDIT. FEE	500

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.